MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET FILING DATE (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AS FILED AFTER AFTER (703) 305-8421 1"AMENDMENT 1 AMENDMENT AS FILED AFTER IND. DEP. IND. AFTER DEP. IND. I"AMENDMENT DEP. 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. TOTAL IND T A TOTAL IND TOTAL DEP <₽ TOTAL DEP TOTAL PTO . 1169 (REV 11MI) U.S. DEPARTMENT OF COMMERCE

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